

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The Lincoln Project		FEC IDENTIFICATION NUMBER ▼ C C00725820	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Summit Strategic Communications LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 06 / 2020	
Mailing Address 6300 Sagewood Dr Ste H-543		Amount 103500.00	
City Park City	State UT	Zip Code 84098-7502	Transaction ID : 500055965
Purpose of Expenditure Media Buy	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 02 / 2020	
Name of Federal Candidate TRUMP, DONALD, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought 3359058.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Summit Strategic Communications LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 06 / 2020	
Mailing Address 6300 Sagewood Dr Ste H-543		Amount 14870.00	
City Park City	State UT	Zip Code 84098-7502	Transaction ID : 500056500
Purpose of Expenditure Production Costs	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 08 / 2020	
Name of Federal Candidate TRUMP, DONALD, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought 3359058.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	118370.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Galen, Reed, , ,

[Electronically Filed]

Date

MM / DD / YYYY
07 / 08 / 2020

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A-N5HCB
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Form/Schedule: SE
Transaction ID : 500055965

Multistate independent expenditure, publicly distributed or disseminated in the District of Columbia.

Form/Schedule: SE
Transaction ID: 500056500

Multistate independent expenditure, publicly distributed or disseminated nationally.

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(Schedule E)PAGE 3 OF 4
FOR SE OF FORM 24/48

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee TUSK Digital		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 06 / 2020	
Mailing Address 1441 L St NW FI 12		Amount 200000.00	
City Washington	State DC	Zip Code 20005-3512	Transaction ID : 500056501
Purpose of Expenditure Digital Buy	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 06 / 2020	
Name of Federal Candidate TRUMP, DONALD, J., ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC	
Calendar Year-To-Date Per Election for Office Sought 3359058.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	200000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Galen, Reed, , ,**[Electronically Filed]*

Date

MM / DD / YYYY
07 / 08 / 2020

Signature

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
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Form/Schedule: SE
Transaction ID : 500056501

Multistate independent expenditure, publicly distributed or disseminated nationally.

Form/Schedule:
Transaction ID: